MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3186

63-042291 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 4002
2 40292
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED OCT 30 1963

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton
Length of stay in 1b: D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis County Hosp.
Inside Limits: Yes # No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: St. Johns
Inside Limits: Yes # No
d. STREET ADDRESS (If outside, give location): 2804 Endicott
Reside on Farm: Yes No #

3. NAME OF DECEASED (Type or print): First: Blasie Middle: G. Last: Halter
4. DATE OF DEATH: Month: Oct. Day: 14. Year: 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married # Never Married Widowed Divorced
8. DATE OF BIRTH: 12)21)1906
9. AGE (last birthday): 56
IF UNDER 1 YEAR / IF UNDER 24 HR — Months / Days / Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): O)Fallon Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Peter Halter
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Leona Halter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of serv): No
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Leona Halter 2804 Endicott

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
1MMEDIATE CAUSE (a): Arteriosclerotic Heart Desease
INTERVAL BETWEEN ONSET AND DEATH: 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days? Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO ✓
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from MAY 1, 1959 to PRESENT and last saw her/him alive on 9-27-63
Death occurred at 930 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert C. Kingsland MD
22b. ADDRESS: 14 Forsyth Walk Clayton 5 Mo
22c. DATE SIGNED: 10-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10)19)1963
23c. NAME OF CEMETERY OR CREMATORY: St. Paul Cemetery
23d. LOCATION (City, town, or county) (State): St. Paul Mo.

24. FUNERAL DIRECTOR ADDRESS: Collier Mortuary, St. Ann, Mo.
25. DATE RECD. BY LOCAL REG.: 10-17-63
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address St. Ann Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.